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CONFIRMATION NO. 8789

<b>SERIAL NUMBER</b> 10/507,033	<b>FILING OR 371(c) DATE</b> 04/26/2005 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> 2565/123
<b>APPLICANTS</b> Wei Zhang, Schweinfurt, GERMANY; Helge Brauer, Gochsheim, GERMANY; Reiner Spickermann, Burghausen, GERMANY; Carsten Muller, Euerbach, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/00126 01/09/2003				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 10 009.8 03/07/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 16
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26646				
<b>TITLE</b> Method and device for determining the hematocrit and/or blood volume				
<b>FILING FEE RECEIVED</b> 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	